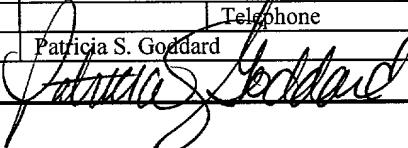


12-19-01

A

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No.:	SC0232WD
		First Inventor:	Karl Mautz
		Title:	METHOD AND APPARATUS FOR MEASURING A REQUIRED FEATURE OF A LAYER DURING A POLISHING PROCESS
		Express Mail Label No.:	EL721537244US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<b>APPLICATION ELEMENTS</b> (see MPEP chapter 600 concerning utility patent application contents)		<b>ADDRESS TO:</b> BOX: New Patent Application Assistant Commissioner for Patents Washington, D.C. 20231		
1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)				
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27				
3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="17"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure				
4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="2"/>				
5. Oath or Declaration				
a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed)				
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).				
6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76				
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				
8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)				
a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on:				
i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper				
c. <input type="checkbox"/> Statements verifying identify of above copies				
<b>ACCOMPANYING APPLICATION PARTS</b>				
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))				
10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee)				
11. <input type="checkbox"/> English Translation Document (if applicable)				
12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations				
13. <input type="checkbox"/> Preliminary Amendment				
14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503)				
15. <input type="checkbox"/> Certified Copy of Priority Document				
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
17. <input checked="" type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Authorization for Fees				
18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) Prior Appl. No. _____ Prior Appl. information: Examiner: _____ Group/Art Unit: _____				
For CONTINUATION OR DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts				
<b>19. CORRESPONDENCE ADDRESS</b>				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		23125	or	<input type="checkbox"/> Correspondence address below
Name/Address				
City		State	Zip Code	
Country	Telephone	512.996.6839	Fax	512.996.6854
Name	Patricia S. Goddard	Registration No.	35,160	
SIGNATURE				Date _____

